

Ms. 42 - Nov. 22, 1873

No. 58

#3

Dropsy - of Brain

Dr. Rush

William H. Eggleston.

Handwritten text, likely bleed-through from the reverse side of the page. The text is faint and mostly illegible due to fading and the age of the paper. It appears to be organized into several lines or paragraphs.

Handwritten text on the adjacent page, visible on the right edge. The text is also faint and mostly illegible, but some words are discernible, such as "In", "H", "In", "Sub", "The", "Un", and "For".

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Inaugural Dissertation  
on  
Hydrocephalus Internus  
or  
Internal Dropsy of the Brain  
Submitted to the Examination  
of  
The Provost, Trustees and Medical Faculty  
of the  
University of Pennsylvania

For the Degree of Doctor of Medicine

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The task of submitting to you a Thesis has now devolved upon me, and I have only to regret that my ability is not equal to my inclination in performing it. I am duly sensible of the many errors and imperfections to which it will be liable, and likewise of the distinguished talents of the Tribunal to whom it is addressed, but at the same time it is a source of no little consolation to reflect, that minds of genius and refinement are generally chastened and expanded with a mild spirit of liberality; that will make every allowance due to the limited efforts of a Student, and the embarrassments of an inexperienced Writer. If circumstances like these deserve the sympathetic feelings of soft and indulgent scrutiny, permit me to solicit it in behalf of the essay which is now laid before you by a Candidate for Medical Honors. The subject which I have selected for the purpose is that of Hydrocephalus Internus. In this selection, I have been perfectly an im-

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conceded by any impulse of vanity, nor have I been deluded by any  
aspiring hope, of either giving a more perfect developement of the  
subject than has hitherto been given, or of shedding any new  
additional light upon it. It was the first that suggested itself,  
and as I felt no ambition, to draw your attention to schemes of  
innovation or to take any adventurous flight into new  
Theories, I thought proper to adopt it. There are perhaps very  
few diseases more interesting to the Physician, more distressing  
to the Patient and more alarming to his Friends than the  
Hydrocephalus Internus. But in relation to the nature  
of this disease, permit me to refer you to the following  
pages, and to conclude with a wish, that if this should  
not be fortunate enough to meet with your approbation, that  
they may at least meet with your Clemency..









## *Syndercopatus Salernus*

(It is an error in the subject of this dangerous, and dangerous disease, and of all the diseases it is in the Human Body is better to be, no one is more alarming in its symptoms, or more fatal in its consequences.)

This Complaint attacks Children of all ages, but most generally those between the ages of five years and ten. Petrus has told us that he has seen even a Child of five weeks old. Sometimes it affects Adults of a good habit of body.

The reason why it attacks Children more than Adults, may be explained in the following manner "The capacity and force of the Heart in proportion to the system of vessels, is greater at the beginning of life, than at an after age. At the same time a greater quantity of blood is contained in the Arteries proportionably to what is contained in the Veins, and the Vessels of the Head likewise receive a greater quantity of blood in proportion to the rest of the system. The brain being larger in Child than in Adults, of course a greater quantity of blood is sent to it in Childhood, than in more advanced stage. The effects of this determination are evident in the mucous discharges from the Nose and the frequent occurrence of sores behind the Ears and on different parts of the Body.

It is a well known fact that in every stage of Life, and in every of all kinds, there is a disposition to throw out that part to which there is the greatest derangement. For instance, in inflammation very severe affections take place in the Lungs and joints. In the bilious fever they occur in the Liver, and in the Gout in every part of the

Feb 24<sup>th</sup>  
Dear Mr.  
L. Anderson  
at St. Louis  
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the body" & all idiosyncratic diseases. I have observed there is a pa-  
-le note a dilution of blood to the crown. This  
occurs in a more general manner in children. Hence  
the reason why they are so apt to be affected with convulsions  
in the simplest form of the Small Pox, or the diseases brown  
ferme, and in the first paroxysm of enteritis & Typhus.

### The Symptoms of the Disease.

In the commencement the Patient is feverish, inclined  
downy and slightly feverish, but at intervals shows  
an insidious firm complaint. He then begins to complain  
of slight pains in the head, a little the complaint, he  
comes to the appetite weak with considerable disorder  
of all the vital functions. These complaints arise  
gradually, but are set down at arm's and the Child  
friends are not convinced, he is aware of his danger and  
lets advancing a step farther the symptoms of the  
Disease has more distinctly shown itself.

The distended and pains in the head are now accom-  
panied by him when getting up in the morning, and  
after he has begun to stir about with nausea, and in a  
majority of cases a vomiting occurs once or twice  
a day, and the skin is observed to be hot and dry to the  
touchings. The Pain in the head now becomes more acute  
and is situated chiefly in the lower part, or if not there,  
generally in the Crown of the Head, sometimes it is  
fixed to one side. The Head generally inclines to the side  
affected. It frequently continues down the neck, the  
D. & the shoulders. He not infrequently finds the Head  
ach alternating with the affection of the Limbs, the

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emitting long high loud screams when the pain is most violent  
and vice versa.

In this state of the nervous disease the Patient has an aversion  
to the light, eats much, sleeps little and when he does  
sleep he groans his limbs quiver his head up & down to & fro  
and starts often, screaming as if he were tortured. In addi-  
tion to these a Phosphenus takes place the pupil of the eye  
is dilated and the iris is gone. The eye is generally turned  
inwards towards the nose. The pupil in this state is 4 times  
more dilated than in the other and when both have been  
thus directed inwards which sometimes happens both are  
said, are larger than they are observed to be in the eyes of  
healthy persons. The vomiting now becomes more constant,  
the Stools dark, more numerous; Every Symptom grows  
then more its appearance so that the Situation of the  
miserable Patient fills the minds of the Spectators  
with the greatest horror. A delirium frequently occurs and  
that of the most violent kind (raging man) particularly if the  
Patient has arrived at the age of puberty.

The Heat is generally excessive about the Head, and  
the Countenance is greatly flushed about the moment  
at which time the Fever increases.

In breathing there is considerable pain after  
every expiration. The tongue is clean white  
and soon it acquires an aphthous surface.  
In the majority of cases the bowels are costive,  
Stools are procured with difficulty and when obtained  
are very offensive and sometimes contain streaks of blood.

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Physicians greatly differ in regard to the nature of this  
dysentery and some still contend that it is quite in the beginning.  
Pothergie and Watson declare that it is no dysentery  
in itself. Some I think take the dysentery for an  
entity, he has seen a case in which no water was  
stained a catarrh from anus was in evidence. But ex-  
actly of the nature related by him, he was in second  
stage, loose stool and intermitting in the evening in the  
the dysentery. Dr. Rush has paid a most attention  
to the point as most Physicians, perhaps more than all  
have lay upon his judgement as to what any other persons  
and believe that in a majority of cases the blood will  
be found it does not let the symptoms which have been  
given, occasionally occur though none of them comprising  
the disease in an individual man as like the Bilious  
remittent from Yellow Fever it appears a variety of stages.

Dr. Rush that great doctor, to whom the name of this  
is greatly indebted, has not found the disease in its  
first stage the diarrhoea or the dysentery, to which I allude.

He also tells us, that he has seen a case in which the dysen-  
tery was in its first stage from the first to the last stage of the  
disease, and likewise that he met with another in which  
an uncommon accident, he is bearing food &c. In  
addition to these, Dr. Rush relates a case in which he ob-  
tained a gill of water from the Venæ cavae of the breast  
of a girl nine years of age who died of this disease, and  
who was taken in the stage of it either at a lower or  
higher stage of it, as if a weak stomach, the last men-  
tioned cases are sufficient to show that there are many  
varieties from the nature of the disease which

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been given, and that it is indeed as Linnæus has been  
very much of a truly "Reluctant Patient".

The appearances on dissection after death.

We generally find within the Cranium the Vena, particularly  
on the surface of the brain and lining of the Ventricles,  
gorged with dark blood, the membranes in some places  
seen inflamed and covered with Congutable lymph,  
sometimes considerable adhesions take place between  
the thickening of the membranes and minute and lar-  
ge vessels upon the Pia Mater. In inflammation  
Crust has been found on the optic nerves as thick as  
that observed on the Intestines in a State of inflam-  
mation. We find Water between the Cranium and  
Dura Mater, or between the Dura and Pia Mater, but  
most frequently in the Ventricles of the brain.

The quantity contained in these Varies is sometimes  
great as almost to exceed being. Wright has known  
eight ounces, Monro three pounds, and some  
have related where Boylston obtained six or eight  
of limbed water. But we seldom meet with more  
than from two to six, or eight ounces of fluid within  
the Ventricles. "Both inflammation and effusion do  
not always attend in this disease, for dissections have  
shown some cases of inflammation with little or  
no effusion, and some of effusion without inflam-  
mation. This Variety may have been produced by the  
different stages of the disease in which death occurs  
the insurrection of the "Brain and Blood". In the dissection  
the Intestines have been found inflamed and con-  
tracted from spasm, and the surface of the

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of a bright red colour and sometimes adhering to the lenticularium. In some cases we find the surface of the liver covered with small white tubercles not larger than a grain of mustard. The glands of the mesentery are often diseased as is evidenced by their enlargement.

### The Diagnosis

It might be of some consequence to distinguish this disease from some others resembling it, though it appears from what has been said that we cannot depend upon no symptom which can be used as a criterion. Infants cannot give an account of their sensations and therefore we are more certain to have uncertainty until the symptoms of apoplexy have appeared. We may however note the nature of the disease when the Infant has a fever, vomiting, with constipation or diarrhoea, lies opposite with the eyes shut, dislikes the light, but the head frequently to the head so if going to sleep. Some thing off, has shivering and spasms and sometimes shudders as if terrified. It must be confessed that the Diagnosis of this disease is very difficult; for in disorders of the brain from contusion, and other causes symptoms may occur somewhat similar to those which appear in the former state of the disease. As we have no certain characteristic by which we can distinguish this disease we should be like faithful Coroner be continually upon our guard and

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every suspect the approach of the loony. In the third of the diseases which affect the brain, however, terminate an effusion in some part of the body; I would therefore there was a severe Head-ache, accompanied with an affection of the stomach, slow circulation, pulse, always suspect a disease of the brain. The same case may still generally be conceivable in complaints in which this disease may be confounded, and if we delay until the last stage to obtain a more certain Diagnosis, we lose every hope of being good.

#### The Causes of Apoplexy & Paralysis

It is produced by causes the operation of which can not always be detected, but most frequently it can be traced to the sudden removal of an eruption or cutaneous discharge from the lungs, Piles or haemorrhoids upon the Head, certain seasons of the body, and distaste of sleep, these not directly by increasing congestion or inflammation, and afterwards an effusion. It is also produced by a variety of disease, as inlermitting, continual and eruptive fevers, the pulmonary consumption, tumours and worms. They appear to act on the brain indirectly through the medium of the whole system. From the dissection of I saw one, from which it appears further, that the Internal Dorsal of the brain has been shown to succumb each of the following diseases, Paralysis, Palsy, mania, melancholy, apoplexy, convulsion, convulsive, scrophula, and the sudden beating of the heart.

From the facts enumerated it is evident that the disease may be considered as arising altogether from an inflammation of the brain. The Pulse which is full and tense, the decubitus, difficulty of breathing and the aversion to light are all symptoms of inflammatory disease.

Upon opening the cranium after death, the blood vessels are found enlarged with blood, and there is every appearance of inflammation of the brain. I have been related a case directly in point. The head of a Patient

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and some who died with every symptom of Hydrocephalus, and no water was found in the ventricles, the report, nevertheless, is worth blood, and no statement could have in fact been more correct. We can cannot acknowledge to properly called a variety of the disease, altho every symptom of this complaint was present.

The term Hydrocephalus is derived from water, and the disease we derive its name, does not appear to be applicable in the first stage of the disease, as the effusion of water ~~into the ventricles~~ is evidently the effect of the disease, and not its cause. In some cases no effusion has been detected, as was stated before, and it is probable that in every case the effusion does not take place but in the latter stage of the disease. Therefore, or application which Dr. Rush has given would be more proper, and it is probable that this term will be generally adopted as a future time. We should remember that a Hydrocephalus is to be governed by the symptoms, such as the Pulse, and also by the general state of the system and not by the name of the disease. Prescribing for the mere name of a disease has made as much harassing work as the Yellow Fever or the Plague. We are now arrived at the last part of our subject, and that of the most importance which is, The Method of Cure.

#### Blood Letting

We need no the least of the beneficial effect of this remedy, than that of Dr. Rush, who has given the history of many cases in the Journal of Medical Inquiries and Observations where the use of the lancet was finally successful. In curing this disease together with the remedies to be mentioned. In addition to his authority, I might mention that of Brewey, Simon, Patterson, and many others. But it means not who has recommended it, as every man that has any tolerable knowledge of the laws of human economy must be governed in his prescription by such symptoms as either indicate a high

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operation as an evacuator. Should the pulse and general state of the system be marked by an extraordinary inflammatory action, we must by all means recommend bleeding. The necessity of bloodletting in such cases seems very obvious, and it ought to be carried to such an extent, as to answer a determinate end; viz. that of relieving local congestion, and diminishing arterial action. Dr. Keen and some others seem to prefer local evacuations, to general bleeding, by means of Ser. Soc. cupping is superior. When the patient is very young, the jugular vein, or temporal artery may be opened, when we can procure sufficient quantity, by other means. In the adult & very young we must with some diffidence, in obtaining blood from the arm; in this case we must have recourse to local depletion. The exhibition of both general and local bleeding should depend on the appearance the disease exhibits; and acting as a mark of inflammatory action in the respect the brain, or symptoms of local congestion remain, these operations may be repeated from time to time until they cease and inflammatory action has subsided. The quantity of blood to be taken must be different in the different stages of the disease. We are therefore to be governed by the pulse and the general state of the system.

#### Of Cathartics

I have constantly observed says Dr. Keen, all the patients whose cases have been related, to be relieved by plentiful and repeated evacuations from the bowels. When symptoms of inflammatory action in the vessels of the brain are present, purgatives by lessening the determination to the head, necessarily do good.

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if the humors indicated by the stools being either pale & clay colored, or dark and stinky. Great attention should be paid to the humors, our Patient should never leave his laundress to stew. I should advise us to use Calomel as a purge, and cautious as against sending any thing but which is likely to produce a vomiting, because should a vomiting take place, the flow of blood would be increased in the vessels of the head. Some advise Jalap, in combination with Calomel, and others again advise the Chrysalis of Tassar with Gamboge. The dose of the purge should be regulated agreeable to the age, and constitution, of the Patient, and to be given as often as necessary may require. I should prefer Calomel and Jalap myself, and it should be given every day or two as occasion may require.

#### Of Blisters.

In every stage of the disease and at the same time, in that it may, blister should be largely used, in the head & extremities. They produce their good effects by keeping up a drain, and taking off the plethora from the vessels of the brain. The great discharge which they occasion, from the vessels of the head greatly diminishes their stimulative effects on the whole system. They may therefore be used in every stage. They may be applied on the Neck, temples, behind the ears, or over the head. But we may keep it continually running by means of the Unguentum Sabina or Unguentum Vesicatorium.

#### Of Mercury.

This remedy has been highly recommended. By some Writers in this disease. Dr Ferriar and Wilson speak so much in praise of mercury in Hydrocephalus as almost to lead many to believe it. Ferriar

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From the experience in this disease, we are now more  
sensible that it is not a disease in the lungs, but a  
dyscrasia. Dr. Baile in his Lectures on the subject  
speaks of it having been used in this disease, but he makes  
observations and observations, & we endeavor to believe that  
the disease can be placed on it as a dyscrasia, in the  
case of the disease now under consideration. From the long  
experience of a celebrated, I think it may be asserted that this  
remedy is unsafe in various of the disease. It may be  
objected to, on account of the uncertainty of its operation,  
and also its inefficiency, if it excites a transitory action,  
as a short cut, in tendency to produce gangrene in the  
lower part of the lungs. It should never be used, says  
Dr. Keitt as a dyscrasia in patients under twenty  
years of age, or the above mentioned reasons. He was  
therefore to place no reliance on this remedy in the cure  
of this disease. But depend principally, on bloodletting  
Cathartics and Blisters in the first stage. These seem  
to have a much fairer chance for success, than  
Mercury used so as to excite, what is called a transi-  
ent action in the system.

#### The Application of Cold to the Head.

The head should be liberally shaved & a linen  
cloth dipped in vinegar and water, or ice and water, &  
ice wine may be kept constantly applied to the head.  
The cloth should be removed as often as it becomes  
warm and dry. This remedy may be used before the  
application of the blister, or after the blister has been  
applied, & very well as before, may be applied to  
the forehead to alleviate the pain.

#### Of Salts & Issues.

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in Cases of Epilepsy and Apoplexy, reasoning from analogy, some have supposed they might be tried as a preventive, where it is likely to arise from an hereditary predisposition. Patterson supposes, that in a lingering or chronic case there may be room for their application, and that they may be introduced as prophylactics with strong expectations of advantage.

### Of Rest.

The Patient should be kept as quiet as possible in a dark room, free from the stimulus of light, and noise of every kind should be avoided if possible.

### Opium.

Some think favorably of this remedy, while others say, that Opials are absolutely necessary in large and repeated doses when the pains are very acute. As Hydrocephalus bears some relation to Phrenitis, and as according to the most celebrated writers, Opium is improper in the Phrenitis, I would administer it with the greatest caution in the disease under consideration.

### Stimulatives

I should suppose the shock given to the head in the act of sneezing, would in no manner lessen the accumulation of blood in the vessels of the brain or produce an absorption of water from the Ventricles. I am induced to believe they will tend very much to aggravate the symptoms, rather than afford any relief. For as the least motion of the Head must be detrimental to the Patient, I should not be disposed to recommend them.

### Compression of the Carotids

This has been proposed by Patterson in order to obviate a morbid accession of blood to the vessels of

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the head. We have no objection to a trial of this remedy. First Experimentum.

### Digitalis

This has been suggested as a remedy in Hydrocephalus, but from the experience of those that have tried it, we have nothing to hope for as to its beneficial effects. To what particular state of the disease it may be adapted, whether it might relieve by diminishing arterial action, or by its powers as a diuretic, I am not able to say. But think it a useless remedy at any time.

Lastly after the strength of the patient is much reduced we can do nothing more than give such remedies as are used in all other diseases proceeding from debility.

Tonics and stimulants may be used cautiously in these cases and nourishing diet, gentle exercise in cool air. Dr Rush has suggested the use of the Cold Bath to prevent a return of the disease, where it has yielded to the power of medicine. no objection can be made to the use of this remedy.

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On concluding this crude production, I should be doing injustice to my own feelings, were I to omit an acknowledgement of the many obligations I am under to the Professors of the different branches of medicine in this University. Accept gentlemen, my warmest wishes for your prosperity. May you always meet with the rewards which is so amply and justly due to your merit, and may your lives be as happy as they have been useful, and may your endeavours to improve the science of medicine, be crowned with as much honour to yourselves, as they have been beneficial to Mankind.

Epitaph

Here lies the body of  
John Smith, who died  
the 12th day of March  
1664, in the 45th year  
of his age. He was  
born at London, and  
was educated at  
St. John's College,  
Cambridge. He was  
a member of the  
Society of Friends,  
and lived in great  
piety and charity  
until his death.

He was a man of  
great learning and  
piety, and was  
much beloved by  
all who knew him.  
He was a member  
of the Society of  
Friends, and lived  
in great piety and  
charity until his  
death.